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DETECTION OF SKIN, BREAST AND CERVICAL CANCERS

Cancer (malignant neoplasm) is a major cause of morbidity and mortality. It impacts on life expectancy and quality of life, and places high demands on preventive, treatment, support and palliative care services. Melanoma, non-melanocytic skin cancer, cancer of the cervix and cancer of the breast in females are four of the eight cancers that have been targeted in the National Health Priority Area of Cancer Control; the other four cancers are lung cancer, colo-rectal cancer, non-Hodgkin's lymphoma, and prostate cancer in males.

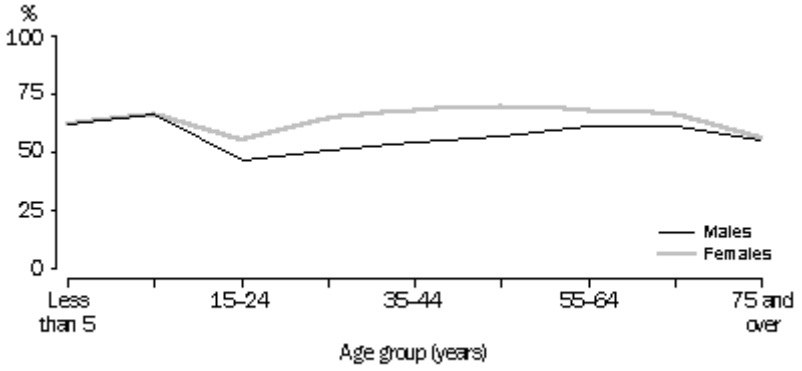
Modification of risk factors and early detection are important aspects of cancer control. Exposure to sunlight is strongly associated with the risk of contracting skin cancers, and therefore sun protection is an important preventive measure. Regular checking of the skin for changes in freckles and moles can assist in the early detection of skin cancers. For women, a mammogram is considered to be the most effective method currently available for the detection of breast cancer, particularly in its early stages. Other actions to detect breast cancer include regular breast examinations. The current National Women's Health Policy recommends that all women, including those who have no symptoms or history suggestive of cervical pathology, should have a routine Pap smear test at least every two years to assist in the detection of cervical cancer.

Recent analyses of 1995 National Health Survey data have revealed the following information about the steps taken by people to protect themselves against skin cancers, and the actions they have taken to help in the detection of skin, breast and cervical cancers.

Examination of the skin

In 1995, 60% of people indicated that their skin was checked regularly for changes in freckles and moles, either by themselves or someone else. Proportionally more females (64%) than males (56%) reported regular skin checks. In children aged less than 5 years and 5-14 years, and in older people aged 75 years and over, the proportions of males and females having regular skin checks were similar within each age group. In other age groups, females were generally more likely than males to have regular skin checks (graph 9.8).

9.8 PERSONS HAVING REGULAR SKIN CHECKS, By Age and Sex—1995



Source: *Unpublished data, 1995 National Health Survey.*

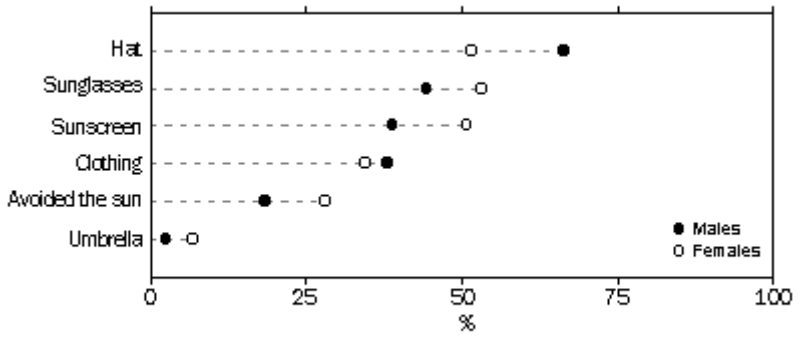
Sun protection measures taken

The 1995 National Health Survey found that, in the month prior to interview, 82% of people took measures to protect themselves from the sun, 15% did not take measures and 3% were not exposed to the sun. In most age groups, males were more likely than females not to take sun protection measures. The highest proportions of people who did not protect themselves from the sun were among males aged 55-64 years and 65-74 years (19% of both groups).

The most common type of sun protection was wearing a hat (59% of people). Sunglasses (49%), sunscreen (45%) and clothing for the purpose of sun protection (36%) were also commonly used. More than 23% of people said that they avoided the sun in the month prior to the survey.

For males, the most frequent sun protection measure was wearing a hat; for females it was sunglasses (graph 9.9). Males were more likely than females to choose a hat or clothing for the purpose of sun protection. Females were more likely to either avoid the sun or to select sunglasses, sunscreen or an umbrella to protect themselves from the sun.

9.9 PERSONS TAKING SUN PROTECTION MEASURES, By Type of Measure and Sex—1995



Source: *Unpublished data, 1995 National Health Survey.*

Breast cancer and cervical cancer

Responses to the Women's Health Questionnaire, part of the 1995 National Health Survey, revealed information about the steps taken by women to detect breast and cervical cancers. The information below about breast examinations, mammograms and pap smear tests is based on responses from the 72.3% of eligible women, aged 18 years and over, who provided a completed women's health questionnaire as part of the survey.

Breast examinations

In 1995, 67% of women regularly examined their own breasts for unusual lumps. Approximately 72% of women had had a breast examination performed by a doctor or medical assistant at some stage in their lives, but only 42% of women had regular breast examinations performed by these health professionals.

In all age groups, regular breast self examinations were reported more frequently than were regular breast examinations performed by a doctor or medical assistant. Proportional differences between those who self examined and those who were examined by a health professional were greatest among those in the youngest age group (18-24 years), and in the oldest age group (75 years and over) (graph 9.10). Differences were smallest in those aged 45-54 and 55-64 years, due to an increase in the percentages of women in these age groups who had regular breast examinations by a health professional.

9.10 PREVALENCE OF REGULAR BREAST EXAMINATIONS, By Age of Woman—1995

Source: *Unpublished data, 1995 National Health Survey.*

Mammograms

Overall, 36% of women had had a mammogram. Women aged 45-54 years (68%), and 55-64 years (74%) were the most likely to have had this test (graph 9.11). The most frequent reason given for a woman's last mammogram was a general check-up (54% of those who had had a mammogram), followed by the presence of symptoms (28%) and a family history of breast cancer (9%).

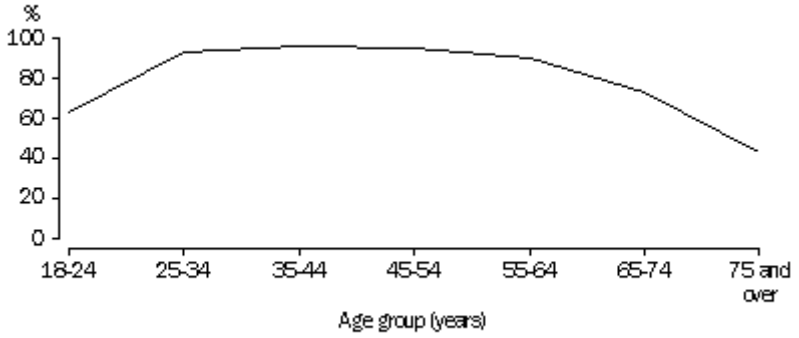
9.11 PREVALENCE OF MAMMOGRAMS, By Age of Woman—1995

Source: *Unpublished data, 1995 National Health Survey.*

Pap smear tests

In 1995, most women (95%) had heard of a Pap smear test. Older women were least likely to have heard of this test, with 22% of women aged 75 years and over reporting that they had not heard of it. Overall, 84% of women had had a Pap smear test. Women in age groups between 25 and 64 years were those most likely to have had this test (graph 9.12).

9.12 PREVALENCE OF PAP SMEAR TESTS, By Age of Woman—1995



Source: *Unpublished data, 1995 National Health Survey.*

When asked about their last Pap smear test, 39% of women said that it was performed less than one year ago. A further 23% had a test from one to less than two years ago.

Impact of usual language spoken at home

Although data on fluency in English are not available from the 1995 National Health Survey, data are available on whether a person usually spoke English at home, to help assess the proposition that those who do not speak fluent English may be disadvantaged in obtaining information and education about health related matters including breast examinations, mammograms and Pap smear tests.

In 1995, women who did not usually speak English at home were less likely than those who did to either examine their own breasts regularly (49% and 68% respectively) or to have had a breast examination performed by a doctor or a medical assistant (55% and 73%).

Although women who did not speak English at home were less likely than others to have heard of a mammogram (62% compared with 89%), they were only slightly less likely to have had one (34% compared with 36%).

Women who usually spoke a language other than English at home were less likely to have heard of a Pap smear test (77%) than were women who usually spoke English at home (97%). They were also less likely to have had a Pap smear test (61% compared with 86%).

MORTALITY

Deaths due to skin cancer

In 1997, skin cancer was identified as the underlying cause of death for 810 males and 430 females, accounting for 4.2% of male deaths and 2.9% of female deaths from all types of cancer, and 1.2% of male deaths and 0.7% of female deaths overall. The total of 1,240 deaths due to skin cancer equates to a rate of 6.7 deaths per 100,000 population.

Deaths due to breast cancer

In 1997, breast cancer was identified as the underlying cause of death for 2**,602 women aged 18 years and over, accounting for 17.4% of cancer deaths, and 4.3% of all deaths, of women in this age group. The adult female death rate for breast cancer was 37.1 deaths per 100,000 women aged 18 years and over.**

Deaths due to cervical cancer

In 1997, cervical cancer was the underlying cause of death for 298 women. Cervical cancer accounted for 2.0% of cancer deaths and 0.5% of all deaths of women aged 18 years and over. The equivalent death rate was 4.2 deaths per 100,000 women aged 18 years and over.

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